

<u>MEMORANDUM</u>

JUN 2 1 2000

DOCKETED BY

TO:

Nancy Cole

Docket Control

FROM:

Alicen Perry

Consumer Service \$pecialist

Utilities Division

DATE:

June 23, 2000

RE:

Navajo Transmission Project

Docket L-00000U-00-0103

Please find the Original Notice of Hearing signed by Deborah Scott, plus 100 copies, the routing list, as well as labels for mailing. As we discussed the Notice of Hearing is to be mailed by certified mail.

RECEIXED AZ CORP COMPHSSION

BEFORE THE ARIZONA POWER PLANT AND TRANSMISSION LINE SITING COMMITTEES 6 PM '00

DOCUMENT CONTROL

IN THE MATTER OF THE APPLICATION OF DINE POWER AUTHORITY, IN CONFORMANCE WITH THE REQUIREMENTS OF THE ARIZONA REVISED STATUTES 40-360.03 AND 40-360.06. FOR A CERTIFICATE OF ENVIRONMENTAL COMPATIBILITY (CEC) FOR CONSTRUCTING THE ARIZONA PORTION OF A SINGLE-CIRCUIT ALTERNATING CURRENT 500kV TRANSMISSION LINE BETWEEN THE EXISTING SHIPROCK SUBSTATION NEAR FARMINGTON, NEW MEXICO AND THE PLANNED MARKETPLACE SUBSTATION NEAR BOULDER CITY, NEVADA. THIS APPLICATION PRESENTS A PROPOSED TRANSMISSION LINE ROUTE AND AN ALTERNATIVE ROUTE. THE TOTAL DISTANCE OF THE PROPOSED ROUTE DESCRIBED IN THIS APPLICATION IS 462 MILES, OF WHICH 138 MILES WILL REQUIRE A CEC. THE TOTAL DISTANCE OF THE ALTERNATIVE ROUTE DESCRIBED IN THIS APPLICATION IS 470 MILES, WHICH 181 MILES WILL REQUIRE A CEC. THOSE PORTIONS OF THE PROPOSED AND ALTERNATIVE ROUTES FOR WHICH A CEC IS REQUIRED EXTEND FROM THE WESTERN BOUNDARY OF THE NAVAJO INDIAN RESERVATION, WEST OF MOENKOPI SUBSTATION, WEST TO THE ARIZONA/NEVADA BORDER, EXCLUSIVE OF HUALAPAI RESERVATION LANDS.

CASE NO. 103 DOCKET NO.L-00000U-00-0103

NOTICE OF HEARING

A public hearing will be held before the Power Plant and Transmission Line Siting Committee (the "Committee") at the Best Western Executive Park Hotel, 1100 North Central Avenue, Phoenix, Arizona, on Monday, July 31, 2000 at 1:00 p.m. or as soon as the matter can be heard, regarding the Application of Dine Power Authority, Navajo Transmission Project, for a Certificate of Environmental Compatibility for constructing the Arizona portion of a single-circuit alternating current 500kV transmission line between the existing Shiprock Substation near Farmington, New Mexico and the planned Marketplace Substation near Boulder City, Nevada. This application presents a proposed transmission line route and an alternative route. The total distance of the proposed route described in this application is 462 miles, of which 138 miles will require a CEC. The total distance of the alternative route described in this application is 470 miles, of which 181 miles will require a CEC. Those portions of the proposed and alternative routes for which a CEC is required extend from the western boundary of the Navajo Indian Reservation, west of Moenkopi Substation, west to the Arizona/Nevada border, exclusive of Hualapai Indian Reservation lands.

The proposed site of the Navajo Transmission Project is shown on the map attached.

The Application, including detailed maps of the proposed Navajo Transmission Project, is on file with Docket Control Center of the Arizona Corporation Commission, 1200 West Washington, Suite #108, Phoenix, Arizona 85007 and the Commission's Tucson Office at 400 West Congress, Suite #218, Tucson, Arizona 85701.

Depending upon the issues raised and the number of intervenors appearing during the hearing, the Committee may deem it appropriate at some point to recess the hearing to a time and place to be announced during the hearing. At the discretion of the Committee, such resumed hearing may be held at a date, time and place agreed upon by the Committee and parties of interest.

NOTE: No formal notice of such resumed hearing will be given.

Each county municipal government and state agency interested in the proposed facilities and desiring to become a party to the certificate proceeding, shall, not less then ten (10) days before the date set for hearing, file with the Director of Utilities, Arizona Corporation Commission, 1200 West Washington, Phoenix, Arizona 85007, a notice of its intent to be party,

Any domestic, non-profit corporation or association, formed in whole or in part to promote conservation of natural beauty, to protect the environment, personal health or other biological values, to preserve historical sites, to promote consumer interests, to represent commercial and industrial groups, or to promote the orderly development of the area in which the facilities are to be located and desiring to become a party to the certification proceeding, shall, not less than ten (10) days before the date set for hearing, file with the Director of Utilities, Arizona Corporation Commission, 1200 West Washington, Phoenix, Arizona 85007, a notice of its intent to be a party.

The Committee or hearing officer, at any time deemed appropriate, may make other persons parties to the proceedings.

Any person may make a limited appearance at the hearing by filing a statement in writing with the Director of Utilities, Arizona Corporation Commission, 1200 West Washington, Phoenix, Arizona 85007, not less than five (5) days before the date set for hearing. A person making a limited appearance shall not be party or have the right to present testimony or cross—examine witnesses.

The written decision of the Commission shall be submitted to the Arizona Corporation Commission pursuant to Arizona Revised Statutes Section 40-360.07. Any person intending to be a party before the Commission must be a party to the certification proceedings.

ORDERED this 20 14

_ day of June, 2000

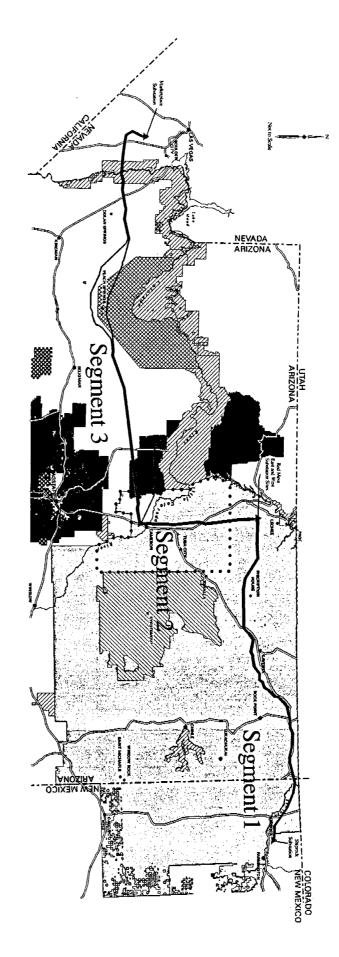
Director

Utilities Division

Arizona Corporation Commission

1200 West Washington

Phoenix, AZ 85007



Legend

Navajo Indian Reservation

Transmission Line Location

Proposed Route Alternative Route

Hopi Indian Reservation

E Hualapai Indian Reservation National Park Service

Substation Sites

National Forests

State, Private, Municipal, or Bureau of Land Management

Bennett Freeze Area

Navajo Transmission Project

Project Location

Figure 1 April 2000

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Department of Water Resources

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Is your <u>RETUR</u>N DDRESS completed on the reverse side? 411 North Central Ave 3rd Floor Phoenix, AZ 85004 Planning & Development Department Scott McCullough PS Form **3811**, December 1994 Article Addressed to: SENDER: ☐ Write "Return Receipt Requested" on the mailpiece below the article number ☐ The Return Receipt will show to whom the article was delivered and the date ☐ Complete items 1 and/or 2 for additional services Complete items 3, 4a, and 4b. Attach this form to the front of the mailpiece, or on the back if space does not ☐ Print your name and address on the reverse of this form so that we can return this Signature (Addressee of Ag Heceived By: card to you 618 188 190 (Print Name) **US Postal Service** 200 Receipt for Certified Mail 0000 No Insurance Coverage Provided. Do not use for International Mail /See Scott McCullough Planning & Development Department Ιō 411 North Central Ave 3rd Floor Phoenix, AZ 85004 00 was delivered and the date Ö Certifled Fee 0 4a 4 Aeturn Receipt for Merchandise ☐ Express Mail ☐ Registered Special Delivery Fee nate of n tee is paid, Addressee's Service Type Article Number 102595-99-6-0223 6/× Restricted Delivery Fee April 1995 Return Receipt Showing to Whom & Date Delivered <u>. -</u> Ņ Address Return Receipt Showing to Whom ing services (for an extra fee): diso wish to receive the follow-Date, & Addressee's Address Ġ 3800 \sim Restricted Delivery Addressee's Address TOTAL Postage & Fees \$ Domestic Return Receipt 04 (Only if requested Postmark or Date Form □ 600 ☐ insured **Excertified** 9 0 and Ρ PJ8 188 191 Thank you for using Return Receipt Service. **US Postal Service** Is your <u>RETURN</u> ADDRESS. completed on the reverse side? Receipt for Certified Mail Suzanne Pfister 3101 North Central Ave #870 BJ Communications Phoenix, AZ 85012 Article Addressed to: No Insurance Coverage Provided. SENDER: Attach this form to the front of the mailpiece, or on the back if space does not Print your name and address on the reverse of this form so that we can return this ☐ Complete items 1 and/or 2 for additional services.

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☐ The Return Receipt will show to whom the article was delivered and the date.
☐ The Return Receipt will show to whom the article was delivered. Received By: (Print Name) Do not use for International Mail (See reverse) Suzanne Pfister **BJ** Communications 6 3101 North Central Ave #870 0 Phoenix, AZ 85012 00 Ç Certified Fee 00-Special Delivery Fee 0 Restricted Delivery Fee w Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom Date, & Addressee's Address 3800 \$ **TOTAL** Postage & Fees 8. Addressee's ☐ Express Mail ☐ Registered 4b. Service Type Date of Deliver Return Receipt to Postmark or Date fee is paid) Article PS Form Number □ Addressee's Address ing services (for an extra fee) also wish to receive the follow-Restricted Delivery 00 ۵ Certified LS Thank you for using Return Receipt Service.

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6. Signature (Addressee or Agent) SENDER: PS Form 3811, December 1994 Diane Vick Mayor **Bullhead City** , **AZ 86442-5733** 1255 Marina Blvd ☐ The Return Receipt will show to □ Write "Return Receipt Requested" on the mailpiece below the article number Attach this form to the front of the mailpiece, or on the back if space does not ☐ Print your name and address on the reverse of this form so that we can return this ☐ Complete items 1 and/or 2 for additional services Complete items 3, 4a, and 4b. Received By: (Print Name, Article Addressed to: card to you jelivered 618 188 180 00000 **US Postal Service Receipt for Certified Mail** No Insurance Coverage Provided. Mayor Diane Vick 00-1255 Marina Blvd the article was delivered and the date Bullhead City, AZ 86442-5733 0 0 Certified Fee Special Delivery Fee œ 4a Date of Delivery ☐ Return Receipt for Merchandise ☐ Express Mail ☐ Registered 4b. Service Type Addressee's Address (Only if requested and tee is paid, Article Number Restricted Delivery Fee 6 102595-99-B-0223 April 1995 Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whon Date, & Addressee's Address □ Addressee's Address ing services (for an extra fee) l also wish to receive the follow-TOTAL Postage & Fees \$ Restricted Delivery Domestic Return Receipt Postmark or Date Form Certified 000 □insured 80 Thank you for using Return Receipt Service. 618 188 181 Is your RETURN ADDRESS completed on the reverse side? US Postal Service Article Addressed to: SENDER: **Receipt for Certified Mail** PS Form **3811**, December 1994 City Attorney Bullhead City , AZ 86442-5733 1255 Marina Blvd Print your name and address on the reverse of this form so that we can return this ☐ Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Paul Lenkowsky ☐ The Return Receipt will show to whom ☐ Attach this form to the front of the mailpiece, or on the back if space does not Received card to you Write "Return Receipt Requested" on the mailpiece below the article number No Insurance Coverage Provided. ignature (Addressee or Agent) Do not use for International Mail (See reverse) 7 00000 City Attorney œ S Paul Lenkowsky 0 1255 Marina Blvd Bullhead City, AZ 86442-5733 Certified Fee the article was Special Delivery Fee ش Restricted Delivery Fee 1995 delivered and the date Return Receipt Showing to Whom & Date Delivered Ann Return Receipt Showing to Whom Date, & Addressee's Address œ 4b. Service Type 4a. ☐ Express Mail ☐ Registered Date of Delivery ☐ Return Receipt for Merchandise 3800 Addressee's Address (Only if requested and TOTAL Postage & Fees \$ fee is paid) Article Number 6.8 Postmark or Date Form □ Addressee's Address
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RESPECTIVE BY: (Print Name) RESPECTIVE BY: (Print Name) RESPECTIVE (Addressee by Agent) STORY RESPECTIVE (Addressee by Agent) PS Form 3811, December 1994	3. Article Addressed to: Dolan Springs Chamber of Commerce 16154 North Pierce Ferry Rd Dolan Springs , AZ 86441	SENDER: © SENDER: © Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we can return this card to you. Pattach this form to the front of the mailpiece, or on the back if space does not permit. Definition Write "Feltum Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date	P L L B L B B L 7 9 US Postal Service Receipt for Certified Mail No Insurance Coverage Provided. Dolan Springs Chamber of Commerce 16154 North Pierce Ferry Rd Dolan Springs , AZ 86441 Fostage Certified Fee Special Delivery Fee Restricted Delivery Fee
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RETURN ADDRESS completed on ls Mayor Kingman, AZ 86401 310 North 4th Street Lester Byram Article Addressed to: SENDER: PS Form 3811, December 1994 Attach this form to the front of the mailpiece, or on the back if space does not ☐ Print your name and address on the reverse of this form so that we can return this □ Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. □ Write 'Return Receipt Requested" on the mailpiece below the article number.
□ The Return Receipt will show to whom the article was delivered and the date Received By: (Print Name) card to you. Signature (Addressee or 618 188 175 8000 **US Postal Service** Receipt for Certified Mail
No Insurance Coverage Provided. ۲ Do not use for International Mail (See reverse) Mayor Agent Lester Byram O 310 North 4th Street 0 Kingman , AZ 86401 O 0 1, W Certified Fee Special Delivery Fee œ Date of Delivery ☐ Registered 4a. Article Number ☐ Return Receipt for Merchandise Express Mail Addressee's Address (Only if requested and fee is paid) . Service Type Restricted Delivery Fee 6 102595-99-B-0223 April 1995 Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom Addressee's Address Ŋ Date, & Addressee's Address ing services (for an extra fee): also wish to receive the follow-Form **3800**, TOTAL Postage & Fees \$ Restricted Delivery Postmark or Date Domestic Return Receipt \sim š 000 ☐ Insured Certified 6 Ż ρO Ρ 618 188 Thank you for using Return Receipt Service. US Postal Service Is your RETURN ADDRESS completed on the reverse side? Receipt for Certified Mail 310 North 4th Street No Insurance Coverage Provided. City Attorney Kingman, AZ 86401 Charlotte Wells SENDER: Article Addressed to: ☐ Attach this form to the front of the mailpiece, or on the back if space does not PS Form 3811, December 1994 ☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we can return this □ Complete items 1 and/or 2 for additional services. Do not use for International Mail (See reverse) Received By: (Print Name) card to you delivered permi Signature (Address to or Agent City Attorney Charlotte Wells 310 North 4th Street Kingman , AZ 86401 888 Certified Fee ح Special Delivery Fee 00 Restricted Delivery Fee April 1995 Return Receipt Showing to Whom & Date Delivered O Return Receipt Showing to Whom Date, & Addressee's Address 5 Ū 3800 TOTAL Postage & Fees \$ ☐ Registered 4a. Adicle Number Postmark or Date ☐ Express Mail ... 4b. Service Type Date of Delivery ☐ Return Receipt for Merchandise Form Addressee's Address (Only if requested and tee is paid) 102595-99-B-0223 က္ခ 'n Addressee's Address ing services (for an extra fee) also wish to receive the follow-Restricted Delivery Domestic Return Receipt Q 000 à Certified ☐ Insured

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4350 East Camelback Rd Suite #G-200 Phoenix, AZ 85018 Environmental Planning Grp. Inc Randy Palmer Article Addressed to: Principal SENDER: ☐ The Return Receipt will show to whom the article was delivered and the date D Write "Return Receipt Requested" on the malipiece below the article number. ☐ Attach this form to the front of the mailpiece, or on the back if space does not \square Print your name and address on the reverse of this form so that we can return this Complete items 1 and/or 2 for additional services Received By: (Print Name) delivered Complete items 3, 4a, and 618 188 169 U\$ Postal Service Receipt for Certified Mail 00000 No Insurance Coverage Provided. 4 Do not use for International Mail (See reverse) Principal Randy Palmer ٦ Environmental Planning Grp. Inc 4350 East Camelback Rd Suite #G-200 Ç Phoenix, AZ 85018 G Certified Fee <u></u> Special Delivery Fee 48 œ ☐ Return Receipt for Merchandise Express Mail . Date of Delivery Addressee's Address (Only if requested and Registered fee is paid) Service Type Article Number Restricted Delivery Fee 618 102595-99-B-0223 April 1995 Return Receipt Showing to S Whom & Date Delivered Return Receipt Showing to Whom Addressee's Address N ā Date, & Addressee's Address also wish to receive the follow-☐ Restricted Delivery PS Form **3800**. services (for an extra fee) TOTAL Postage & Fees S 7-00 $\alpha \wedge$ Domestic Return Receipt Postmark or Date 000 A Certified □Insured Thank you for using Return Receipt Service. 618 188 170 Is your RETURN ADDRESS completed on the reverse side? SENDER: PS Form 3811, December 1994 Phoenix , AZ 85016-9225 2575 East Camelback Rd Michael Grant **US Postal Service** Write "Return Receipt Requested" on the mailpiece below the article number.
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The Return Receipt will show to whom ☐ Attach this form to the front of the mallpiece, or on the back if space does not □ Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we can return this Signature (Addressee or Agen Received By: (Print Name, Write "Return Receipt Requested" on the mailpiece below the article number ナカリク þ 00000 618 188 167 **US Postal Service Receipt for Certified Mail** No Insurance Coverage Provided. <u>ج</u> Do not use for International Mail (See reverse) General Manager 001 Arlene Arviso Dine Power Authority the article was delivered and the date 0 Morgan Boulevard 5 Window Rock, AZ 86515 س Certified Fee \{\bar{\}} Special Delivery Fee 8 4a. Date of Delivery Addressee's Address (Only if requested and Return Receipt for Merchandise Express Mai Registered Restricted Delivery Fee tee is paid) Service Type Agricle Number April 1995 Return Receipt Showing to 6/8 Whom & Date Delivered Return Receipt Showing to Whom Date, & Addressee's Address □ Addressee's Address ing services (for an extra fee): also wish to receive the follow-PS Form **3800**. ☐ Restricted Delivery TOTAL Postage & Fees \$ ٠, β مه Postmark or Date 6 Certified Insured 000 618 188 168 Thank you for using Return Receipt Service. **US Postal Service** Receipt for Certified Mail Is your RETURN ADDRESS completed on the reverse side? No insurance Coverage Provided. Phoenix, AZ 85018 4350 East Camelback Rd. Suite #G200 **Environmental Planning Grp. Inc** Garlyn Bergdale President Do not use for International Mail (See reverse) Article Addressed to: SENDER: PS Form 384 Print your name and address on the reverse of this form so that we can return this ☐ Complete items 1 and/or 2 for additional services.

Complete items 3, 4a, and 4b. The Return Receipt will show to whom Received By: (Print Name) card to you permit. Write "Return Receipt rresident Attach this form to the front of the mailpiece, or on the back if space does not -00000 Garlyn Bergdale anna Environmental Planning Grp. Inc 4350 East Camelback Rd. Suite #G200 Phoenix, AZ 85018 عا Requested" on the mailpiece below the article number. **Certified Fee** 0 þ Special Delivery Fee the article was delivered and the date 0 Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom Date, & Addressee's Address 3800 TOTAL Postage & Fees Postmark or Date ☐ Return Receipt for Merchandise ☐ Registered 48. Form . Date of Delivery Addressee's Address (Only if requested and Express Mail tee is paid) Service Type Article Number 102595-99-B-0223 8 d 12 1.
Addressee's Address 188 ĺΛ ing services (for an extra fee): I also wish to receive the follow-7-00 Restricted Delivery Domestic Return Receipt 6 □Insured Certified

Phoenix, AZ 85004 200 East Van Buren Nina M. Pulliam Trust Robert Berger Article Addressed to: SENDER: □ Complete items 1 and/or 2 for additional services.
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□ The Return Receipt will show to whom the article was delivered and the date card to you 00000 U-00-618 188 165 US Postal Service 'Agent) **Receipt for Certified Mail** No Insurance Coverage Provided. Robert Berger Nina M. Pulliam Trust 0/03 200 East Van Buren Phoenix, AZ 85004 4a. Article Numbe Addréssee's'Address (Only if requested and ☐ Express Mail ☐ Registered 4b. Service Type Return Receipt for Merchandise . Date of Deliver Certified Fee fee is paid, 819 102595-99-B-0223 Special Delivery Fee Restricted Delivery Fee Addressee's Address Ņ ing services (for an extra fee): also wish to receive the follow-1995 Return Receipt Showing to ☐ Restricted Delivery Whom & Date Delivered April Return Receipt Showing to Whom Domestic Return Receipt Date, & Addressee's Address PS Form 3800. 65 \$ TOTAL Postage & Fees **D**Sertified ☐ Insured Postmark or Date Thank you for using Return Receipt Service. Is your RETURN ADDRESS completed on the reverse side? P.O.Box 3239 Dine Power Authority Window Rock, AZ 86515 SENDER: Form Article Addressed to: card to you. $\hfill\Box$ Attach this form to the front of the malipiece, or on the back if space does not ☐ Print your name and address on the reverse of this form so that we can return this ☐ Complete items 1 and/or 2 for additional services.

Complete items 3, 4a, and 4b. ☐ Write 'Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date PS Form **3811**, December 1994 Signature (Addressee or Agent) Postmark or Date 3800 90000 \$ 2997 & egstage & Fees Retum Receipt Showing to Whom Date, & Addressee's Address April 1995 nnt Name, beneviled etad & morlW ع Return Receipt Showing to ١ Restricted Delivery Fee 0 o Special Delivery Fee 010 س Window Rock, AZ 86515 P.O.Box 3239 ☐ Registered Article Number ☐ Express Mail :, 4b, Service Type Dine Power Authority Date of Delivery ☐ Return Receipt for Merchandise Addressee's Address (Only if requested and fee is paid) 1 1 Do not use for International Mail (See reverse) 102595-99-B-0223 No Insurance Coverage Provided Receipt for Certified Mail US Postal Service Ю 1.
Addressee's Address ing services (for an extra fee): atso wish to receive the follow-3 991 BBI BIG ☐ Restricted Delivery E010-00-n00000-7 ارا Domestic Return Receipt 8 **D**Certified G00 6 □ Insured 6 Thank you for using Return Receipt Service.

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